Cheek to cheek


Illustration by Eleeza Palmer

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I'm cheek to cheek with dozens of people every day. Receiver pressed to my ear, connected by wires, strings between two tin cans, I listen as they ask:

I need to continue my chemotherapy—but I'm being told I can't unless I get tested, and I can't get tested because I don't have any symptoms, and my primary care doctor's office is closed.

We had a patient here yesterday who we think has the virus: How long should we wait before we clean the exam room? And how long until we can see patients in that room again?

I'm at work right now, at a women's health free clinic. I don't have a fever, but I've had diarrhea and a cough for about a week now. I haven't told my supervisor.

> It wasn't our car dealership—it was someone from the paint detailing company that works on our cars—they have the virus. If someone else works on the car within 24 hours, does that count as being in close contact?

Each day, I come in and sit at a desk at the Rhode Island Department of Health. I return up to 100 calls from patients, doctors, pharmacists, lab technicians, officers at the local prison, CEOs of companies, managers of restaurants, parents, children. Each wants to know what to do. They want answers, guidance, reassurance.

The phone is my portal to the pandemic. One moment, I'm at my desk, thinking about the elastic bands of my mask pulling on the back of my ears, while through my face covering, I inhale the sharp smell of the rubbing alcohol I've used to clean the phone, the computer, the desk. The next moment, I'm transported to someone's bedroom, or a clinic, or a factory, or living room.

Calls come in from single parents trying to quarantine from their three-year-olds; from women desperate to keep their prenatal visits, but can't because their partner has COVID; from a health clinic making frenzied calls for testing kits and swabs for their hundreds of patients; from parents living across state borders struggling to adhere to custody agreements; from a desperate and despondent director of a funeral home begging for personal protective equipment, so that loved ones can view the bodies of their family members felled by the virus.

For each call, I meticulously review the Centers for Disease Control guidance, the most recent updates to the department of health website, the most recent physician briefings from the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and fact sheets generated by the Department of Labor and Training. Sometimes I call hotlines that are on these sites and end up on the receiving line of the Department of Health, being directed back to myself.

Sometimes all I can do is to listen and console. Sometimes I find myself apologizing because there are no answers, at least not yet—everything is moving so fast. New conditions create new facts, new facts demand new protocols. There's no way to keep up.

As I listen, I feel the pain that surrounds everyone who calls. And I fear the possibility that my answers—my incomplete medical training, my uncertainty, and the lack of definitive information—will make their pain worse, and not better.

Mostly what I hear, is that everyone feels alone.

"I just want to know what I'm dying from," said the distressed man on the other end of the line. His agitation reverberates through the wires. I hear his heavy breathing, the trouble he's having inhaling. I can hear the pain in his chest as he pushes out the words, yelling to be heard across a wall of perceived apathy, disregard, inhumanity—invisible to me but felt, acutely, by him:

> I went to the hospital yesterday and they wouldn't accept me. They made me wait 30 minutes outside in the cold for my ride. I'm supposed to be taking care of my two parents who have COPD, but now they have to take care of me. I just want to know my results, I just want to know what I'm dying from, I want to know if my family is at risk. If I have pneumonia I could be cured tomorrow, but if I have COVID I know no one will touch me.

I hear a pervasive sense of abandonment. Those who are lucky enough to have primary care physicians that they can call now find themselves blocked by busy signals and answering services with telephone mazes that lead them eventually to leave unanswered voice messages. Those who have nowhere else to go are being turned away from emergency departments. They leave feeling untouchable. Unwanted. Alone.

My hope with each call is that my voice through the wire will reach them, will touch them, will comfort them. Cheek to cheek, I am dancing with them. Hoping to let them know that I am not afraid to be close, to touch them. Because that is my job. Because this is my calling.

After one more final year of medical school, once I become a doctor, I know the fear of hurting won't go away. I've learned time and again through clinical experiences that I can't take away all of the pain my patients feel, that I can't provide all the answers, I can't make it all go away. But, I can make people feel seen, feel heard, feel that their stories have touched someone who deeply wants to help them.

And that's the healing so many of us need right now.

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